# **Section 4**

## **IDENTIFICATION**

#### WIC Identification

Local agency clinics issue an Arizona WIC Program Identification (ID) Folder and Transfer Card to all participants. This folder is used for identification during clinic visits, for the redemption of WIC food instruments and to assist the participant in transferring their WIC services to another area.

In special circumstances, participants or their authorized representatives may designate a proxy to pick up and redeem their WIC food instruments. The proxy brings a signed note from the participant or participant's authorized representative to the clinic. The clinic provides the designated proxy with a Proxy Certification form, which must be signed. The designated proxy uses the Proxy Certification form as the WIC ID when redeeming food instruments at an authorized Vendor's location.

The WIC participant/authorized representative or proxy will use <u>either</u> the WIC ID Folder and Transfer Card or the Proxy Certification form (never both), as Arizona WIC Program identification. The Vendor is to verify that the signature on the ID Folder and Transfer Card or Proxy Certification form matches the signature that is obtained at the store in front of the cashier at the end of the transaction. The ID Folder and Transfer Card may have one (1) or two (2) signatures in the signature boxes. The Proxy Certification form will only have one (1) signature. An example of the WIC ID Folder and Transfer Card and Proxy Certification form are shown on the following two pages.

Vendors should not accept Arizona WIC Program food instruments without seeing either the ID Folder and Transfer Card or the Proxy Certification form. No other form of identification is necessary, including a driver's license, telephone and/or social security number. Vendors should not request additional identification.

**# NOTE**: A Proxy Certification form and an ID Folder and Transfer Card may <u>not</u> be used as WIC identification at the same time.

#### WIC Identification Folder and Transfer Card



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Date	Time	WIC Staff Initials	FI Pickup	Nutrition Ed	Re-cert.	Shot Record	Bring proof of Income, ID and Residency	Bring Child (Name)

Signature of Authorized Representative

1.
2.

Not valid without the Local Agency WIC office address stamp:



If this ID Folder/Transfer card is found please return to the address above



Note: Available in Spanish

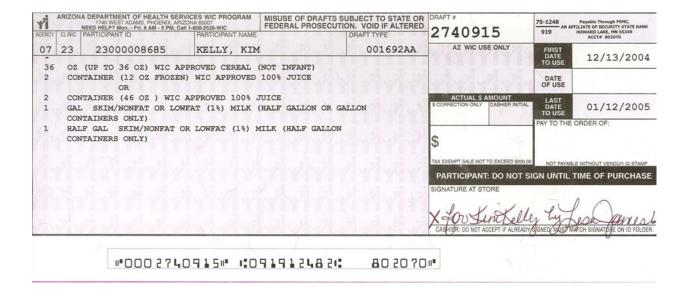
### **Proxy Certification Form**

PROXY CERTIFICATION  ARIZONA WIC PROGRAM		PROGRAMA WIC DE ARIZONA			
ARIZO	MA WICTROGRAM	Yo,			
understand that I will be allowed and buy WIC authorized foods fo					
Participant's Name	Participant's Name	Nombre de participante	Nombre de participante		
Participant's Name	Participant's Name	Nombre de participante Nombre de participante			
Participant's Name	Participant's Name	Nombre de participante	Nombre de participante		
I also understand that I must foll	ow all WIC rules including:	Ademas comprendo que debo seguir las reglas de WIC incluyendo:			
use the drafts only during the d	e draft rticipant bought and give them to the participant, and	comprar solo en las tiendas autorizadas por WIC comprar solo los alimentos apuntados en el cheque dar todos los alimentos al participante obtener los recibos de la tienda de los alimentos comprados y entregarios al participante usar los cheques solamente durante el tiempo en el que son válidos  Finalmente comprendo que el uso impropio de los cheques es contra la ley y los ofensores serán sujeto a la prosecución.			
The undersigned person is author	rized to accept and use WIC drafts	La persona firmante es autorizada para	aceptar y usar los cheques de WIC		
From	То	Desde	Hasta		
Proxy signature	Date	Firma de autorizado(a)	Fecha		
Signature of clinic staff	Date	Firma de personal de la clinica	Fecha		
Printed name and title of clinic staff	f	Nombre en letra de imprenta y título de personal de la clinica			
ADHS/ONS/WIC 8/8a	REV: 1/99				

### "X" Signature

From time to time there are WIC participants, authorized representatives or proxies who are unable to sign their name. At the local agency clinic, the participant, authorized representative or proxy will place an "X" on the ID Folder and Transfer Card or the Proxy Certification form. The local agency employee will verify the individual's mark by writing "for signer's name (participant's, authorized representative's or proxy's name) by and signing their own name (local agency staff's name)." The local agency employee will instruct the individual to repeat the above procedure at the store.

At the store, the participant, authorized representative or proxy will place an "X" in the "SIGNATURE AT STORE" box on the food instrument after the amount of purchase has been entered. Store personnel (cashiers) are requested to witness the signature by using the same procedure as the clinic. The cashier will verify the individual's mark by writing, "for signer's name (participant's, authorized representative's or proxy's name) by and signing their own name (cashier's name)". In these situations, the Vendor should not be concerned with the handwriting matching. Only the procedure <u>must</u> match. Follow the example shown below.



- ∀ **NOTE**: If these instructions are <u>not</u> followed exactly as described and pictured above, the food instrument will be rejected for payment and the Vendor will not be reimbursed.
- ∀ **SPECIAL NOTE:** If a WIC participant/authorized representative or proxy is blind, the "X" signature process will be used.